

Psychiatric Security Review Board
Application for Modification of Conditional Release (CR)

Complete one form for each modification

Acquittee Name:

SECTION I

- 1. Describe the requested change to the current Memorandum of Decision:**

- 2. Describe the clinical rationale and treatment progress supporting the acquittee's readiness for this modification:**

- 3. List the relevant community providers contacted about this modification:**

- 4. Has the DMHAS Conditional Release Service Unit been consulted and provided with a copy of this modification?**
☐ Yes ☐ No

- 5. Is the six-month reporter in support of this modification?**
☐ Yes ☐ No

- 6. Has the Probation Officer been contacted regarding this modification?**
☐ Yes ☐ No ☐ N/A
 - a. If yes, is the Probation Officer in support of this modification?**
☐ Yes ☐ No
 - b. If no, please explain:**

Signature

Date

Printed name

Relationship to acquittee

Agency